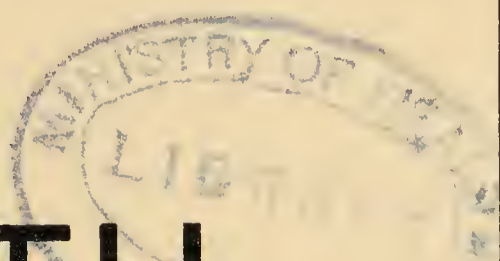


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Wharfedale Rural District Council



HEALTH REPORT

FOR THE YEAR

1953

R. A. W. PROCTER,
M.R.C.S., L.R.C.P., M.B., B.Ch., D.P.H.,
Medical Officer of Health.

F. OWEN,
CERT. S.I.B., M.S.I.A.
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LIST OF COUNCILLORS FOR THE YEAR 1953

Chairman :

COUNCILLOR S. STEPHENSON, J.P.

Vice-Chairman :

COUNCILLOR J. B. AMBLER

COUNCILLOR A. BAILEY

COUNCILLOR T. RICHMOND

COUNCILLOR T. B. GILL

COUNCILLOR B. GRANGE

COUNCILLOR S. E. FENWICK

COUNCILLOR J. W. LAYFIELD

COUNCILLOR J. MARJERRISON

COUNCILLOR P. OUTHWAITE

COUNCILLOR R. T. A. RENTON, J.P.

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COUNCILLOR A. WOOD

COUNCILLOR P. H. C. WALKER

COUNCILLOR H. GUY

COUNCILLOR F. SMITH

PUBLIC HEALTH OFFICERS OF THE COUNCIL

Medical Officer of Health :

R. A. W. PROCTER, M.R.C.S., L.R.C.P., M.B., B.CH., D.P.H.

Chief Sanitary Inspector :

F. OWEN, CERT. S.I.B., M.S.I.A.

Additional Sanitary Inspector :

J. GARFORTH, CERT. S.I.B., M.S.I.A.

The appointment of Medical Officer of Health is a part-time one.

WHARFEDALE RURAL DISTRICT COUNCIL

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH FOR THE YEAR 1953

MR. CHAIRMAN, MADAM AND GENTLEMEN,

I have the honour to present my sixth annual report which gives an account of the health of the Wharfedale Rural District during the year, 1953. It will be seen from the vital statistics that births substantially exceeded deaths and it is curious to note that whereas more males than females were born, more females than males died. In fact there was an increase of male population by 29 and an increase of female population of only 2. It is not suggested that this has any significance.

The year 1953 was memorable as being the year of the Coronation of Her Majesty the Queen, and also saw the completion of the first five full years of the National Health Service. This report is different from those of previous years in that matters affecting the Wharfedale Rural District have been treated as briefly as was consistent with an adequate account of the health of the district and a special section of the report has been devoted to a review of the work done during the five years in the Division which includes the Ilkley and Otley Urban Districts. The review embodies figures illustrating the work done and I wish to record my indebtedness to Mr. S. W. Stemp, Divisional Chief Clerk, for his assistance in preparing these figures. I wish also to acknowledge the help and advice I have received on numerous occasions from the Clerk to the Council, Mr. C. Newstead, and the Deputy Clerk, Mr. J. W. Warburton. Relations with the Surveyor and Sanitary Inspector, Mr. F. Owen, and the additional Sanitary Inspector, Mr. J. Garforth have been close and cordial and I have many times been grateful for their help, especially in investigating infectious diseases. It is again a pleasure to record my appreciation of the help and encouragement I have received from the Chairman and Members of the Health Committee.

I am,

Your obedient servant,

R. A. W. PROCTER,
Medical Officer of Health.

SECTION 1

VITAL STATISTICS

Births

Births referable to the Wharfedale Rural District during 1953 were, males 44 and females 28 ; a total of 72 which is two higher than in the previous year. All except one female child were born alive. The total of births in the Rural District still remains low in contrast to the two Urban Districts in the division where births have increased appreciably. The crude birthrate of 11.8 per 1,000 population is reduced to 11.2 after adjustment in accordance with the age composition of the population. These rates are substantially lower than the figures for the aggregate of West Riding Rural Districts, the West Riding County as a whole and for England and Wales.

Stillbirths

There was only one female stillbirth during the year and this was due to prematurity. This is lower than in the previous two years when the total was three and the stillbirth rate of 13.7 per 1,000 live and stillbirths is consequently much lower than in previous years.

Deaths

Fifteen male and twenty female Wharfedale residents died in 1953. The total of deaths referable to the district was 41 compared to 56 in the year 1952 and 70 in 1951. The crude and adjusted death rate for the district is 6.7 per 1,000 population, is only just over half that for the West Riding County as a whole and for England and Wales and is substantially lower than for the aggregate of West Riding Rural Districts. Mortality from cancer and cancer and heart disease is lower than in the previous year while the proportion of deaths from apoplexy is higher.

Infant Mortality

In 1953 there were two infant deaths referable to the district both of which occurred within the first day of life. One male child died 17 hours after birth of congenital abnormality and one female child was born prematurely and lived only 13 hours.

It is interesting to note that during the past five years there has only been one death of a child who had obtained a firm hold on life and that death was due to polioencephalitis at the age of 5 months. When one compares this one death with the loss of potential life represented by 10 stillbirths and 5 neonatal deaths in the same period it underlines the importance of improving antenatal care in an attempt to reduce this wastage. The infant mortality rate for 1953, of 27.8 per 1,000 live births is nearly double that of the previous year but compares favourably with other parts of the country.

SUMMARY OF STATISTICS
1 GENERAL STATISTICS

Table with 2 columns: Description, Value. Rows include Area in Acres (39,378), Registrar General's Estimated Population (6,089), Number of Inhabited Houses (1,866), Rateable Value (£87,087), and Sum Represented by a Penny Rate (£348).

11. EXTRACTS FROM VITAL STATISTICS

Table with multiple sections: Live Births (Males, Females, Total, Crude Rate, Adjusted Rate), Stillbirths (Males, Females, Total, Rate), and Infant Mortality (Males, Females, Total, Rate). Rows include Legitimate, Illegitimate, and Total for each category.

Deaths :	Males	Females	Total
	15	26	41
Crude corrected death rate per 1,000 Estimated Population	....	....	6.7
Adjusted death rate per 1,000 Estimated Population	....	....	6.7
Death rate per 1,000 Population from :			
Pulmonary Tuberculosis	....	....	0.49
All Forms of Tuberculosis	....	....	0.49
*Respiratory Diseases (other than pulmonary tuberculosis)	....	....	0.16
Cancer	....	....	0.66
Heart and Circulatory Diseases	....	....	2.13
Zymotic Diseases	....	....	Nil
	*Including Influenza.		

CAUSES OF DEATH

Causes of Death	Male	Female	Total
Tuberculosis, Respiratory	1	2	3
Malignant Neoplasm. Lung, Bronchus	1	1	2
Other Malignant and Lymphatic Neoplasms	—	2	2
Vascular Lesions of Nervous System	7	4	11
Coronary Disease, Angina	—	4	4
Other Heart Disease	5	3	8
Other Circulatory Disease	—	1	1
Pneumonia	—	1	1
Nephritis and Nephrosis	—	1	1
Congenital Malformations	—	1	1
Other defined and Ill-defined Diseases	1	5	6
Accidents other than Motor Accidents	—	1	1
ALL CAUSES	15	26	41

COMPARATIVE STATISTICAL TABLE

	Wharfedale R.D.	Aggregate of W.R. Rural Districts	W.R. Admin. County	England and Wales
BIRTH RATE				
Per 1,000 Estimated Population...				
Crude Corrected	11.8	16.6	15.7	15.5
Adjusted	11.2	17.3	16.0	—
DEATH RATES				
All per 1,000 Estimated Population				
All causes, crude rate	6.7	9.3	11.6	11.4
All causes, adjusted rate	6.7	10.4	12.1	—
Infective and Parasitic diseases, (excluding T.B. but including syphilis and other Venereal Diseases)	Nil	0.07	0.08	†
Tuberculosis of Respiratory System	0.49	0.13	0.16	0.18
Other forms of Tuberculosis	Nil	0.02	0.02	0.02
Respiratory Diseases *(excluding Tuberculosis of Respiratory System)	0.16	1.06	1.30	†
Cancer	0.66	1.57	1.88	1.99
Heart and Circulatory Diseases	2.13	3.27	4.26	†
Infant Mortality	27.8	33.3	29.3	26.8
Maternal Mortality	Nil	0.81	0.51	0.76

* Including Influenza. † Figures not available.

SECTION II

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA

Staff

There have been no changes of staff during the year.

Ambulance and Laboratory Services

These important ancillary services worked very smoothly and no complaints were received. Towards the end of the year it was found more convenient to send specimens for bacteriological examination to the Public Health Laboratory at Bradford, rather than to Wakefield.

Hospitals and Maternity Homes

A very satisfactory hospital service has been available to Wharfedale residents and no major change in arrangements has occurred.

Midwifery

For the first half of the year the Ilkley midwife continued to be responsible for home confinements in that part of the Wharfedale Rural District usually dealt with from Otley. During the second half of the year it was possible to return to the old arrangement whereby the Ilkley midwife covered Nessfield, Middleton and Denton; the Otley district nurses looked after Weston, Askwith, the Timbles, Blubberhouses, Fewston, Norwood and Farnley; and the district nurse at Pool also undertook home confinements in Lindley, Leathley, Castley, Arthington, Bramhope and Carlton. Only 17 Wharfedale mothers had their babies at home and 340 post-natal visits were paid during the year.

Home Nursing

During the year district nursing in Otley has been restored to a satisfactory basis after the difficulties encountered when both nurses resigned towards the end of 1952. The work in the Wharfedale District north and east of Askwith is divided between the Otley Nurses and the district nurse at Pool-in-Wharfedale. Owing to various changes of staff during 1953 it has not been possible to arrive at a reliable figure for the work done by the Otley nurses in the Wharfedale district. The nurse at Pool paid 2,570 visits to patients which represents a fairly busy year's work. A small number of visits are paid by the Ilkley home nurse to cases in neighbouring rural parishes.

Ante-natal Care

In the report for 1952 it was stated that there was no evidence that the health of Wharfedale mothers and children had suffered owing to inability to attend an ante-natal clinic for supervision and instruction. Further experience casts some doubt on this statement and suggests the idea that some stillbirths and neonatal deaths might be avoided if mothers are visited and instructed during pregnancy. The difficulty as pointed out in a later section of this report is that the names and addresses of expectant mothers are unknown to the Divisional Medical Officer.

Infant Welfare Clinics

The clinic which is held once a fortnight at Bramhope has remained quite busy. The number of children attending has remained about the same; although attendance of children below one year have decreased, but this is balanced by an increased attendance of children over one year. The clinic at Pool has proved a disappointment. It was visited regularly by a Medical Officer and in the early months of the year attendances improved only to fall away again to a very low figure in the later months. In 1954 the clinic will be run as a health visitors' weighing clinic with visits by a Medical Officer only by appointment to carry out vaccinations and immunisations.

					<i>No. of Children attending</i>	<i>Total Attendances</i>	
						<i>Under 1 year</i>	<i>Over 1 year</i>
Bramhope	...	...	...	81	259	350	
Pool	...	...	...	33	172	126	

Health Visitors

Health visiting arrangements in the district have undergone little change. At the end of July, 1953, one of the Otley health visitors resigned and was not replaced. This entailed some extra work in Otley for both Health Visitors who covered the neighbouring rural parishes. The fact that there was only one health visitor in Ilkley has not affected the small amount of visiting needed in the parishes of Nessfield, Middleton and Denton.

Visits Paid by Health Visitors in 1953

<i>Expectant Mothers</i>		<i>Children</i>				<i>Other Visits</i>	
		<i>under 1 year</i>		<i>1-5 years</i>			
1st	Total	1st	Total	1st	Total	1st	Total
14	56	94	621	—	895	—	227

Vaccination and Immunisation

In the table given below vaccinations only of children under 5 years are recorded. Owing to the alarm caused by cases of smallpox in Leeds, Halifax and elsewhere in the West Riding no less than 452 primary vaccinations and 1550 revaccinations of adults and children over 5 years were carried out. The scare gave a great stimulus to vaccinations of children under 5 years ; the figure being double that of the previous year. Immunisations against diphtheria have decreased and a recent check of children born in 1952 suggested that the number immunised was slightly over 50%. The number of inoculations against whooping cough is fairly satisfactory and better than in other districts of the division.

Number of Primary Diphtheria Immunisations	...	...	...	54
Number of Refresher Doses given	...	...	...	34
Number of Whooping Cough Inoculations	...	...	...	40
Number of Primary Vaccinations	...	...	...	94
Number of Re-vaccinations	...	...	...	62

Home Helps

As in previous years Bramhope and Pool are practically the only centres where home help can be given owing to transport difficulties, although it was possible to arrange help for 2 cases each in Arthington, Denton and Clifton and one case in Leathley. At various times during the year 4 Wharfedale residents acted as part time home helps.

<i>Number of Cases during the year</i>			
Maternity	...	...	8
Tuberculosis	...	...	—
Chronic Sick and Aged	...	...	6
Others	...	...	5
			—
			19
			—

School Health Service

Two hundred and fifty-five routine medical examinations of school children in the Wharfedale Rural District were conducted compared with 168 in the previous year. This increase was partly due to the mild weather of the last quarter which enabled vists to outlying schools to be made early in the school year and also partly due to the fact that children who were previously only seen for eye-testing and recorded as re-examinations are now given a full examination. The nutritional standard of the children has remained high, while defects found were about the same as in 1952 at approximately 23%.

MEDICAL INSPECTIONS IN SCHOOLS

	En- trants	2nd age group	3rd age group	Other periodic in- spections	Special examina- tions	Re- exam- inations
Total No. inspected	113	71	11	60	13	Nil
Defects found— requiring treat- ment	28	20	1	14	11	—
to be kept under observation ...	7	5	—	7	1	—
Nutritional state—						
A. Good ...	108	63	11	56	—	—
B. Fair ...	5	8	—	4	—	—
C. Poor ...	—	—	—	—	—	—

SECTION III

HEALTH AND SANITARY CIRCUMSTANCES OF THE AREA

With the birth rate nearly twice that of the death rate; with a low infant mortality rate and no serious epidemics the Wharfedale Rural District may be considered to have had a good health record during 1953. There was sufficient rain during the rather cold summer to prevent any serious water shortage. At long last work was started in July on the Norwood, Fewston and Blubberhouses area water supply scheme and good progress has been made. There is no progress to record in connection with the improvement of the Timble water supply. Arrangements for the supply of water in Pool-in-Wharfedale have given rise to no difficulty during the year. The Clifton sewerage scheme made slow progress but was eventually completed during the year. It is possible to report progress in private housing ; 25 new houses having been built during the year by private enterprise against none in 1952. Houses built by the council numbered 12 compared to 18 in the previous year.

SECTION IV

INFECTIOUS DISEASES

During 1953 the total of notifications of infectious diseases was 132 compared with 90 in the previous year. The increase was accounted for by a rise in the incidence of whooping cough in the first half of the year and a number of cases of food poisoning in September and October.

Measles

Measles was reported in every month of the year except July and October. In the first quarter 13 cases were reported from Bramhope and Pool and were the aftermath of a small epidemic in those villages at the end of 1952. During the next quarter the disease was fairly prevalent in the parishes north of the Wharfe but did not spread. During the rest of the year a few sporadic cases occurred.

Whooping Cough

The incidence of this disease was heaviest in the first quarter of the year ; but sporadic cases continued to occur in a mild form throughout the year. It will be interesting to see if the introduction of inoculation against this disease has any effect on its incidence.

MONTHLY DISTRIBUTION OF NOTIFICATIONS OF INFECTIOUS DISEASES DURING THE YEAR

Disease	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	TOTALS
Whooping Cough ...	15	—	15	5	2	2	—	3	2	2	—	3	49
Measles ...	1	7	5	4	2	15	6	—	1	—	1	6	48
Pneumonia ...	1	1	—	—	—	2	—	—	—	—	—	—	4
Scarlet Fever ...	—	—	1	3	1	2	—	—	1	—	—	—	8
Erysipelas ...	—	—	1	—	—	—	—	—	—	—	—	—	1
Dysentery ...	—	—	—	—	—	1	—	—	—	—	—	—	1
Food Poisoning ...	—	—	—	—	—	—	—	—	12	8	—	—	20
Poliomyelitis ...	—	—	—	—	—	—	—	—	1	—	—	—	1
TOTALS ...	17	8	22	12	5	22	6	3	17	10	1	9	132

TABLE SHOWING CASES OF INFECTIOUS DISEASES NOTIFIED DURING THE YEAR

	Measles		Scarlet Fever		Whooping Cough		Pneumonia		Ery-sipelas		Polio-myelitis		Dysentery		Poisoning	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Nos. originally notified ...	24	24	3	5	24	25	2	1	1	—	1	—	1	—	9	11
Final numbers after correction—	1	1	—	—	2	—	—	—	—	—	—	—	—	—	2	—
0—1	1	3	1	—	1	1	—	—	—	—	—	—	—	—	—	—
1—2	1	1	—	—	2	5	—	—	—	—	1	—	—	—	1	—
2—3	2	3	—	—	2	3	—	—	—	—	—	—	—	—	—	1
3—4	3	3	1	3	2	5	—	—	—	—	—	—	—	—	—	—
4—5	13	9	1	2	15	10	—	—	—	—	—	—	—	—	2	1
5—10	3	3	—	—	—	—	—	—	—	—	—	—	—	—	—	1
10—15	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
15—20	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
20—35	—	1	—	—	—	—	—	1	—	—	—	—	—	—	1	5
35—45	—	—	—	—	—	1	2	—	—	—	—	—	—	—	—	—
45—65	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	3
65 and over	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
Age unknown	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS ...	24	24	3	5	24	25	2	1	1	—	1	—	—	—	9	11

Food Poisoning

The cases reported in September were all connected with an outbreak which was traced to food bought at a shop in Otley. In the October cases it was not possible to trace any common cause.

Poliomyelitis

The year 1953 was a good year for poliomyelitis as far as Wharfedale Rural District was concerned. One Wharfedale child was diagnosed in the Otley General Hosital as a mild case, while a child not normally resident in the district developed paralysis at the Middleton Hospital and was removed to Seacroft Hospital as a case of poliomyelitis.

SECTION V
TUBERCULOSIS

				Pulmonary		Non-Pulmonary	
				M.	F.	M.	F.
(a)	Number of cases on Register at 1-1-53	...	...	15	11	2	4
(b)	Number of cases notified for first time in 1953	...	...	3	1	—	—
(c)	Number of cases restored to Register	...	...	1	—	—	—
(d)	Number of cases added to Register other than by notification	...	...	2	1	—	—
(e)	Number of cases removed from Register	...	...	7	6	2	3
(f)	Number of cases remaining on Register	...	...	14	7	—	1

NEW CASES OF TUBERCULOSIS NOTIFIED DURING 1953

				Pulmonary		Non-Pulmonary	
				M.	F.	M.	F.
0	—	5	...	—	—	—	—
6	—	10	...	—	—	—	—
11	—	20	...	1	—	—	—
21	—	40	...	—	1	—	—
41	—	60	...	1	—	—	—
Over 60			...	1	—	—	—
Totals				3	1	—	—

In 1953 three new male and one female cases of pulmonary tuberculosis were notified. This is higher than in 1952 which was an exceptionally low year and which produced only one new case. A further pruning of the register was effected and 7 male and 6 female pulmonary cases and two male and three female non-pulmonary cases were removed. It was necessary to re-admit to the register one male pulmonary case who had previously been reported recovered, but who had a relapse. Two male and one female paitents were added to the list on transfer from other areas. At the end of the year there were 14 male and 7 female cases of pulmonary tuberculosis and only one female case of non-pulmonary disease. The figure for non-pulmonary tuberculosis is very low for a rural area where the milk consumed is likely to be mostly unpasteurized.

5-Year Review of the Health Services

in Division 6, 1949-1953, in the West Riding County

COMPRISING THE URBAN DISTRICTS OF ILKLEY AND OTLEY AND THE RURAL DISTRICT OF WHARFEDALE

Introduction

At the end of 1953, five years of the National Health Service were completed, and figures for five full years became available. It may be of interest to record how the new health service has grown up in this small area during that period, to mention some of the teething troubles and to underline some of the difficulties and anomalies which have arisen. The appointed day for the introduction of the National Health Service was July 5th, 1948, so that when the first year under review, 1949, commenced, there had been six months during which the service had begun to settle down.

Of the districts in this division, Ilkley was an autonomous authority for the purposes of maternity and child welfare, while these services in the Otley and Wharfedale districts were administered from Wakefield by the West Riding County Council. There were therefore a good many loose ends to be tied up.

Births

TABLE I

Year	BIRTH NOTIFICATIONS (P.H. ACT, 1936)							Registrar General's Returns		
	Domiciliary Births		Institutional Births		Total Births		*Stillbirth Rate	Total Births		Stillbirth Rate
	Live	Still	Live	Still	Live	Still	Per 1,000 live and Stillbirths	Live	Still	Per 1,000 live and stillbirths
1949	149	9	316	6	465	15	31.2	478	18	36
1950	165	5	333	5	498	10	19.7	486	11	22
1951	109	3	356	8	465	11	23.1	462	13	27
1952	85	2	345	10	430	12	27.1	433	12	27
1953	102	1	408	12	510	13	24.8	494	13	26

*Calculated on notifications received under P.H. Act, 1936.

Table I shows the live and stillbirths over the five year period. There has been no serious decline in the birthrate ; in fact, 1953 shows a substantial rise. The table records a fall in domiciliary births during the last three years, and a tendency for the proportion of institutional births to rise. The discrepancy between the figures derived from birth notifications under the Public Health Act, 1936, and the Registrar General's figures is partly due to the fact that notification under the Public Health Act must be made within 36 hours, whereas registration may be done at any time within three months of birth. Another reason may be that a notification may indicate that a birth is referable to the area while the registration may record an address outside the area. During the last two years, the figures for stillbirths have coincided, but during the previous three years, the Registrar General's figures record six more stillbirths than were notified under the Public Health Act.

Antenatal Care

The National Health Act, 1946, includes antenatal care among the responsibilities of the local Health Authority. But in fact the introduction of the National Health Service has encouraged the expectant mother to go to her family doctor for antenatal care, and has discouraged her from attending the antenatal clinic. The effect in this division is set out in Table II.

TABLE II

Year	No. of women attended		Made first attendance		Total visits to Clinic	
	Ilkley	Otley	*Ilkley	*Otley	Ilkley	Otley
1949	61	72	36	54	190	288
1950	52	60	39	47	186	219
1951	38	71	35	61	135	193
1952	20	61	11	47	53	249
1953	9	63	5	31	13	144

* Those who during the year made their first clinic attendance during the existing pregnancy.

From this table, it will be seen that while attendances at the Ilkley Clinic have declined to a very low figure, work at the Otley Clinic has been maintained, although gradually diminishing. This difference has been due to the different attitude of the local medical practitioners. In Ilkley, the doctors refused to allow their patients to attend the clinic if clinical examinations were carried out ; whereas in Otley the doctors were on the whole less strongly opposed to the clinic. It will be generally admitted that the right person to provide antenatal care is the family doctor, and that, if the patient is under her own doctor's clinical supervision, it is superfluous for her also to attend a clinic except for instruction and relaxation exercises.

Another important change in antenatal care which is not illustrated by the table, is the decline in visiting of expectant mothers by Health Visitors. During the first two years of the period under review, all applications for admission to a maternity bed were referred to the Divisional Medical Officer for a report on home conditions. He was therefore able to arrange for the Health Visitors to keep in touch with all expectant mothers in the area and thereby ensure that they received adequate antenatal care and instruction as early as possible in the pregnancy. At the beginning of 1951, the booking of maternity beds was taken over by the Hospital Management Committee, and as the number of beds available in the area exceeded the demand, it has not been necessary to allocate beds on social grounds, and consequently the local Health Authority has no idea who are expecting to be confined, and it has therefore been impossible to arrange regular visiting of expectant mothers. As a result, many expectant mothers are being deprived of the advice and instruction which many of them so sorely need, and are not obtaining information about facilities available to them such as the County Council scheme for the free dental treatment of expectant and nursing mothers. This difficulty has been recognised by the Minister of Health who has issued a circular urging Hospital Management Committees to furnish the local Health Department with the names and addresses of those who book maternity beds. Up to the time of writing this report, efforts to obtain this information in this division have been unsuccessful.

It is clear that the National Health Service has altered the emphasis in antenatal care, and that in future clinical supervision will be carried out more and more by the family doctor. It behoves the health department therefore to recognise this altered emphasis and concentrate on the visiting of expectant mothers to ensure that they are making use of the facilities available, and to provide antenatal instruction and relaxation exercise classes. The latter have been provided in this area and are fairly well attended. It is to be hoped that a resumption of health visiting of expectant mothers will not be long delayed. In fact, progress in antenatal care depends upon health education of the expectant mother, and upon the realisation of its importance by all concerned.

Maternity Cases

TABLE III
CONFINEMENTS ATTENDED BY MIDWIVES PRACTISING
IN THE DIVISION

	Domiciliary Midwives employed by L.H.A.	Midwives Employed in Hospitals	Midwives Practising privately in Nursing Homes	Midwives in private Domiciliary Practice	All Midwives
1949	150	258	58	—	466
1950	148	372	4	—	524
1951	104	454	—	—	558
1952	79	531	—	4	614
1953	96	602	—	2	700

NOTE.—From the year 1951 there have been no private maternity homes in the division.

An examination of the above table reveals that during the past five years there has been a substantial increase in the number of births occurring within the division. This increase has been confined to births occurring in hospital while there has at the same time been a serious falling off in the number of home confinements. In 1949, 10 beds were available for maternity cases in the General Hospital, Otley, and a variable number of beds in St. Winifred's Nursing Home, Ilkley. In 1950, St. Winifred's was closed and accommodation at Otley was increased to 20 beds. During this period, admission was arranged by the West Riding County Council bed booking bureau in accordance with a report on home conditions submitted by the Divisional Medical Officer. Every case where admission to hospital was considered advisable on medical or social grounds was provided with a bed although in a few cases where home conditions were satisfactory the applicant was advised to arrange a home confinement. In December, 1950, St. Winifred's was reopened as a maternity home under the Hospital Management Committee with accommodation of 12 beds. Not long afterwards the committee took over Four Gables Maternity Home, Horsforth, with accommodation for 20 cases. At about the same time, the committee assumed responsibility for the allocation of maternity beds and the requirement that there must be some medical or social reason for admission to hospital was abandoned. So the early months of 1951 saw an entirely different situation. Not only were there more beds available than applications for them, but the close association of the health department with the expectant mother population was severed. This generous provision of beds for normal confinements is reflected in the figures. During 1949 and 1950, little fall in home confinements was shown from the figures prevailing before the introduction of the National Health Service. The year 1951 showed a substantial fall in home confinements and a still further decline in 1952. In 1953, the tendency is reversed to a small extent, partly owing to Government action in introducing a home confinement benefit. In the meantime, hospital confinements have continued to rise, the total for 1953 being nearly twice the corresponding figure for 1949. This high total is partly due to an increase in the number of births in the area and partly due to the admission of cases from places outside the usual catchment area.

Although it is the policy of the Ministry of Health to encourage home confinements where home conditions are suitable in order to reduce the high cost of the maternity service and although the County Council employ seven district nurse-midwives in the division who are capable of dealing with many more maternity cases than at present, it is unlikely that there will be any

substantial increase in domiciliary midwifery in the area. Both St. Winifred's Maternity Home and the Otley General Hospital are general practitioner hospitals and the doctors prefer dealing in hospital with any cases where their help is required. Their advice is therefore in favour of hospital confinements.

Infant Mortality

The success of a maternity and child welfare unit may to some extent be judged by the infantile mortality ; although in a unit where numbers are small, fluctuations are liable to occur, and it is easy to be misled. Infant mortality may be further divided into those who die during the neonatal period, i.e. the first four weeks of life and those who die after the neonatal period, but before attaining the age of one year. Neonatal deaths are almost always due to prematurity, congenital abnormality or birth injury. A high neonatal death rate should lead to a close scrutiny of antenatal care, and the technique of the confinement. A high death rate of infants after the first four weeks of life would justify a searching examination of methods of infant care in the area and particularly of the work of the Health Visitors who have a statutory obligation to visit all infants shortly after birth.

TABLE IV
DEATHS OF INFANTS UNDER ONE YEAR OF AGE PER 1,000 LIVE BIRTHS

<i>Year</i>		<i>Ilkley</i>		<i>Otley</i>		<i>Wharfedale</i>		<i>Division</i>
1949	...	33	...	16	...	24	...	25
1950	...	34	...	—	...	12	...	19
1951	...	36	...	6	...	—	...	20
1952	...	36	...	41	...	14	...	35
1953	...	22	...	47	...	28	...	32

The above table sets out the infant mortality rates for the three districts in the division for the past five years. It shows a fairly steady figure for Ilkley and wide fluctuations in the Otley and Wharfedale districts. It must be remembered that such figures do not justify any general conclusions. The next table shows the numbers of infant deaths in the three districts divided into deaths during the neonatal period and afterwards.

TABLE V
INFANT DEATHS
(Deaths under four weeks and deaths under one year.)

	ILKLEY			OTLEY			WHARFEDALE		
	Under 4 weeks	4 weeks but under 1 year	Total Infants	Under 4 weeks	4 weeks but under 1 year	Total Infants	Under 4 weeks	4 weeks but under 1 year	Total Infants
1949	3	4	7	2	1	3	1	1	2
1950	8	—	8	—	—	—	1	—	1
1951	6	2	8	—	1	1	—	—	—
1952	4	3	7	5	2	7	1	—	1
1953	5	—	5	9	—	9	2	—	2

An examination of this table reveals that during the five year period no less than 47 infants died before reaching the age of four weeks and only 14 deaths after this age occurred. It is also disturbing to find that in 1953 there were 16 neonatal deaths, and to realise that 12 of these deaths were due to prematurity, a subject which is dealt with fully in the next section of this report.

The figures given above, while they do not justify dogmatic statements, suggest at least that, although parental care and health visiting are giving satisfactory results, there is a field for investigation in seeking out any possible causes for this rather high neonatal mortality rate. Neonatal mortality is linked with stillbirth, as the same causes may determine that a child is born dead or has little chance of survival beyond four weeks. When we realise that in 1946 the neonatal mortality rate for New Zealand was 7 per 1,000 live births, we can hardly rest content with a figure of 32 in 1953 for this division.

Premature Births

On looking back over the last five years one cannot fail to be struck by the loss of potential infant life due to prematurity. Any baby weighing 5½ lbs. or less at birth is regarded as being premature, although a small proportion of these are probably small mature babies. A figure of 50 premature births per 1,000 live and stillbirths is accepted as a normal figure. The following table shows that only in the year 1949 was the figure below the normal.

TABLE VI

Year		TOTAL BIRTHS		PREMATURE BIRTHS		
		Live	Still	Live	Still	Failed to survive 28 days
1949	Institutional	316	6	15	—	—
	Domiciliary	149	9	1	2	—
1950	Institutional	333	5	24	3	5
	Domiciliary	165	5	12	3	—
1951	Institutional	356	8	24	7	4
	Domiciliary	109	3	3	—	2
1952	Institutional	345	10	24	6	3
	Domiciliary	85	2	7	—	1
1953	Institutional	408	12	35	7	9
	Domiciliary	102	1	4	1	3

Unfortunately details of premature births are only available for the past four years. The incidence of prematurity according to districts is given in the next table.

TABLE VII

		<i>Ilkley U.D.</i>	<i>Otley U.D.</i>	<i>Wharfedale R.D.</i>
1950	Total live and stillbirths	240	173	84
	Prem. Births	23	13	6
	Rate per 1,000	96	75	71
1951	Total live and stillbirths	228	163	84
	Prem. Births	15	14	5
	Rate per 1,000	66	86	59
1952	Total live and stillbirths	200	172	73
	Prem. Births	21	14	2
	Rate per 1,000	105	81	27
1953	Total live and stillbirths	243	204	74
	Prem. Births	16	28	3
	Rate per 1,000	66	137	40

The above table shows that there is a higher incidence of prematurity among the inhabitants of the two urban districts than among those of the rural district. It also indicates a very high rate for the Otley district during 1953.

It is generally acknowledged that the factors which may affect the incidence of prematurity are : employment of mother late in pregnancy, poor economic position of the family, bad housing, and the adequacy or otherwise of antenatal supervision and instruction. In view of the high incidence of prematurity in the division, especially in the year 1953, all premature births which occurred in that year were reinvestigated and reviewed.

Of the 47 children born prematurely during the year 8 (4 sets) were twins. It was impossible to get reliable information about one set of twins and 3 other children. It was however possible to get full information about 42 children, including 3 sets of twins. Only 3 mothers, including the mother of one set of twins, worked until shortly before their confinements. Three mothers, including two mothers of twins were living in bad housing conditions and in four other cases the economic position was difficult. It may therefore be said poverty, bad housing, and working late in the pregnancy played little part as likely causes of prematurity. On the whole, the standard of antenatal care seemed to be satisfactory. In only 3 cases was no blood test taken and in only 2 cases were the blood pressure and urine never tested. About one half were not weighed during pregnancy and only 13 mothers received any antenatal instruction. All the women except four stated that they took the extra milk and vitamins provided under the Welfare Food Scheme. Most mothers attended regularly for supervision and in only 5 cases was attendance infrequent and inadequate. Of the 35 mothers who attended the Otley Antenatal Clinic during the year, 3 were confined prematurely, but in two of these cases the pregnancy was abnormal and the patients were referred to consultants. Of the 101 women who attended classes for antenatal exercises and instruction, only 4 gave birth to premature babies. Three were confined at the expected date and produced children weighing 5 lbs. 4 ozs., 5 lbs., 4½ ozs. (these were probably small mature babies) and twins of which one born alive weighed 6 lbs. 1 oz. and the other born dead weighed 3 lbs. 8 oz. The other woman attended only a few times and developed toxæmia after she ceased attendance. No very clear guide emerges from these facts. There is no evidence that working late in pregnancy, bad housing, poverty or inadequate antenatal supervision had any influence in this area on the incidence of prematurity, although it appeared that the quality of antenatal supervision varied. There was a deficiency of antenatal instruction and it seems not unreasonable to expect that an improvement in antenatal instruction would help to reduce the prematurity rate.

The incontrovertible facts are that in 1953, prematurity in this division was the cause of 8 stillbirths and 12 neonatal deaths, and that the prematurity rate for the area is high and shows a tendency to rise. Another disturbing factor is that not only had this division a high prematurity rate during 1953, but the survival rate of premature babies born alive was the lowest among the 30 divisions into which the West Riding County is divided. The average survival rate of live premature babies for the whole county was 83.7%. For the division made up of the Otley and Ilkley Urban and the Wharfedale Rural Districts, the rate was 69.2%. The fact that 7 of these stillbirths and 9 of these deaths took place in hospitals certainly merits the attention of the hospital authorities.

Before leaving the subject of prematurity, two quotations from the annual reports of the late Dr. W. E. Bennett, for many years Medical Officer of Health for Otley, may be of interest. In the report for the year 1914 he wrote : " One of the chief causes of infantile deaths is seen in the returns. They are : Prematurity, congenital defects, including such as Atrophy, Marasmus, Debility. The great majority of these occurred within the first three months of life, 9 of the 24 deaths under four weeks, evidently no environmental conditions applied to the infant so far, can diminish this mortality, we must

bring such influences as affect the child in embryo, from the time of its conception to its birth, we must discover what conditions brought to bear upon the mother will bring about a better state of health in her, and through her in the child. This touches upon a big subject, viz.: the transmissibility of disease, the home, conditions of labour and habits. The industrial employment of women is a big subject, especially when it touches the reduction of the acuteness of poverty, it may even tend to lower the rate of infant mortality. The time will come when those who are to become mothers will be prohibited from work for two or three months before lying-up, and for a similar period after confinement, and here comes the work of the Health Visitor who will ultimately be responsible for her welfare until the birth of the child, then for the welfare of the child during its infancy and childhood until it comes into the hands of the School Medical Inspector."

This prophetic comment was followed in the report for 1919 by further remarks about prematurity: "You will see by the above returns that above one half of the deaths were due to premature births, viz., 8. A cause over which at present I have little control. When the Council can get a Maternity and Child Welfare Scheme adopted, one will have more chance to try and control the infant deaths due to premature birth and congenital debility, etc.

"I have still to say that the death rate during the first months of life has been practically unchanged for years. The deaths from one year upwards progressively declined. I think a Maternity and Child Welfare Centre would be able to guide and advise the mother so as to look after herself before the birth of the child, and I say again and again, if a little more interest were taken in the child before its birth and at least until it is twelve months old, or longer if the conditions warrant it, the child would live to a ripe old age and be a valuable asset to the town."

Health Visitors

The two quotations from these old Otley annual reports remind us of the importance of the Health Visitor in reducing infant mortality and promoting the health of mother and child. During the war, the number of Health Visitors was reduced to a minimum and was inadequate for what was then their field of work. The introduction of the National Health Service extended the range of the Health Visitor's duties, and she became advisor and educator of the whole family and ceased to be concerned only with mother and child. One of the first tasks therefore was to build up the staff of Health Visitors and to co-ordinate their work.

When this division was formed, the Ilkley U.D.C. maintained a Health Visitor who worked in Ilkley, Burley, Menston and Burley Woodhead, and who confined her attentions to expectant mothers and children under 5. Children of school age in the Ilkley district were the responsibility of a Health Visitor whose principal duties were in Baildon, and who also did health visiting and school nursing in the parishes of Nesfield, Middleton, Denton, Timble Great and Blubberhouses. Otley had one Health Visitor who attended also a clinic at Horsforth and looked after the parishes of Askwith, Weston and Newall-with-Clifton, and also Snowdon Moor. A Health Visitor from Guiseley visited Bramhope and Carlton. The District Nurse at Pool also undertook health visiting in that parish and in Arthington, Castley, part of Norwood, Farnley, Lindley, Leathley and Stainburn; while a district nurse from Darley dealt with Fewston, part of Norwood, Timble Little, including Snowden Bank Bottom. There were therefore many loose ends to be collected.

Prior to the introduction of the National Health Service, it was possible to obtain the services of one more Health Visitor who assisted in Otley and took over all the work in the Wharfedale Rural District except the parishes of Nesfield, Middleton and Denton. At the beginning of the period under review, there were therefore three Health Visitors in the division; one for Otley, one for the Ilkley district, and one for the Wharfedale Rural District. They were helped from time to time by the temporary employment of nurses

and unqualified assistants, but this proved unsatisfactory. It was not until 1950 that it was possible to place the health visiting service on a more satisfactory basis. At the end of that year the distribution of Health Visitors was as follows :-

Otley 2 Health Visitors
 Wharfedale Rural area 1 Health Visitor
 Ilkley and surrounding parishes 1 Health Visitor
 Burley and Menston 1 Health Visitor.

In addition, a part-time Health Visitor undertook special visiting in connection with the allocation and work of the Home Helps.

In the middle of 1951, two more Health Visitors were appointed, but this was not entirely satisfactory as the work became somewhat unbalanced, and by the end of 1953, the number had again reverted to 5½.

TABLE VIII

Year	Visits to Expectant Mothers		Visits to Children 0-1 years		Visits to Children 1-5 years		Other Visits		Total Visits	
1949	...	368	...	3,049	...	3,402	...	625	...	7,444
1950	...	154	...	3,451	...	4,545	...	2,054	...	10,204
1951	...	193	...	4,024	...	6,101	...	2,875	...	13,193
1952	...	293	...	4,681	...	7,759	...	2,732	...	15,465
1953	...	179	...	3,328	...	6,634	...	3,660	...	1,3801

The above table showing visits paid illustrates what has occurred during the period. Visits to children under 5 years have remained the principal duty of the Health Visitor. In 1949, attention was concentrated on the very young baby ; later it was possible to pay more attention to children over 1 year of age, while each year other visiting has arisen, illustrating the more general responsibilities demanded of the Health Visitor.

Tuberculosis visiting was carried out until July 31st, 1953, by a special Tuberculosis Health Visitor who devoted part of her time to visiting cases in this division. After her retirement, this work was undertaken by the Health Visitors in the division. The rise in the volume of visiting does not correspond entirely with the fluctuations in health visiting staff because clinic duties have increased considerably particularly during the winter months when U.V. Light Clinics are held twice a week at both Ilkley and Otley. A considerable increase in treatment of minor ailments of school children has made further inroads into the health visitors' time, while it is regrettable to record that the preparation and submission of returns and reports and other clerical work has increased.

Child Welfare Centres

When this division was formed, the four existing child welfare centres were taken over, namely, Ilkley, Burley, Menston and Otley. In 1949, a new centre was opened at the Craven Institute, Bramhope, and in 1951, a baby weighing clinic was started at Pool-in-Wharfedale.

TABLE IX

ATTENDANCE AT CHILD WELFARE CENTRES									
Year	Children attending the Centres					Total attendance of all Children			
	for the first time								
	Under 1 year		Over 1 year			Under 1 year		Over 1 year	
1949	...	308	...	75	...	5,219	...	3,029	
1950	...	268	...	28	...	5,352	...	3,213	
1951	...	363	...	61	...	4,918	...	3,806	
1952	...	316	...	48	...	4,897	...	3,501	
1953	...	322	...	53	...	5,064	...	3,472	

Table IX shows that taking the division as a whole, the attendances at clinics has remained very steady. This is surprising when one considers the different circumstances under which clinics are held now and previously. Before the advent of the National Health Service, mothers brought their babies to the clinic, at least partly, to obtain free medical advice and medicine from the clinic doctors. After the appointed day, this was obtainable without cost from the family doctor. A big inducement to attend the clinic was thus removed. Now the clinic concentrates on giving advice and health education and on solving the mother's minor worries. The sale of milk foods is diminishing and only a few simple remedies are stocked. In spite of the changes which the National Health Service introduced, the Child Welfare Clinic has still managed to survive and serve a useful purpose.

Although clinic attendances in the division as a whole have remained steady, there have been some local fluctuations. This has been partly due to changes of Health Visitor staff, but mainly caused by a shift of population. The extensive building of houses in Ben Rhydding and Burley has removed many families from close proximity to the Ilkley Clinic and there is a growing tendency for the numbers attending this clinic to fall.

TABLE X
ATTENDANCES

Child Welfare Centre	1949		1950		1951		1952		1953	
	Under 1 Year	Over 1 Year	Under 1 Year	Over 1 Year	Under 1 Year	Over 1 Year	Under 1 Year	Over 1 Year	Under 1 Year	Over 1 Year
Otley ...	2,275	1,588	2,356	1,515	2,324	1,616	2,072	1,483	2,509	1,408
Ilkley ...	1,612	657	1,647	714	1,350	939	1,165	874	1,127	945
Burley ...	791	307	757	433	517	632	974	576	852	540
Menston	288	226	348	296	300	346	316	240	317	229
Bramhope	253	251	244	255	323	221	300	248	259	350
Pool ...	—	—	—	—	104	52	70	80	172	126

This table shows that the clinic at Otley has maintained a high and steady average attendance. Ilkley has fallen off while Burley shows a corresponding increase. Menston and Bramhope show very little change.

Day Nurseries

Before leaving the subject of the care of the young child, it is appropriate to mention the very useful place taken by the day nursery. It makes a rather sad story as at present the day nursery has few friends, largely due to a failure by those in authority to realise the useful part which the day nursery can play in the care of young children. After the war, three day nurseries in this division were taken over from the Government, and when they came under the supervision of the Divisional Medical Officer they left much to be desired in staff, equipment and method. After considerable effort, the Ilkley and Burley Day Nurseries were raised to a standard which enabled them to be approved by the Ministries of Health and Education as training nurseries; but owing to staffing difficulties, the Otley Day Nursery did not obtain approval until early in 1953. In this division, the mental and physical health and welfare of the individual child has always been the sole criterion of eligibility for admission to a day nursery, and this policy was broadly that of the local Health Authority. Recently, however, other counsels have prevailed, a policy of closure of nurseries has been adopted and rigid instructions limiting admission to cases where the mother is the sole support of the family or where the father is deprived of his wife's help owing to illness, death, divorce or separation, have been issued. It will no longer be possible to admit the child living in really bad housing or with no facilities for play or no companionship. It will no longer be possible to solve those difficult behaviour problems which have so often in the past been remedied by a stay at a day nursery. Although this new policy has already done incalculable harm to the morale of staff and parents connected with day nurseries, there is still an important place for day nurseries in any well balanced health scheme.

TABLE XI
AVERAGE DAILY ATTENDANCES

<i>Year</i>	<i>Ilkley Day Nursery</i>		<i>Burley Day Nursery</i>		<i>Otley Day Nursery</i>	
	0-2 Yrs.	2-5 Years.	0-2 Yrs.	2-5 Yrs.	0-2 Years	2-5 Yrs.
1949 ...	13	24	10	18	8	23
1950 ...	13	22	8	19	7	20
1951 ...	12	20	7	19	6	23
1952 ...	11	21	9	22	5	20
1953 ...	11	20	7	20	4	21

Co-operation with General Practitioners

In a Health Service divided between three administrative authorities, close co-operation at all levels is essential if the best use is to be made of the facilities available. Unfortunately the relationship between the local health service and the general practitioners was clouded by a feeling on the part of the latter that the Medical Officer of Health and his Health Visitors were intervening between the doctor and his patients. Whatever truth there was in this suspicion in the past, the National Health Service changed all that and it became essential that the family doctor and the Health Visitor should work in collaboration and not in opposition, and that the relations of the Medical Officer of Health with the local medical profession should be cordial. Every effort has been made to encourage close co-operation although it has proved easier to pay lip service to the idea than to produce a practical scheme whereby the family doctor can readily obtain the services of a Health Visitor when needed. The necessity for closer co-operation has however become more clearly recognised and a start has been made by allocating one Health Visitor to act as liaison with one firm of doctors in Otley. She attends the afternoon surgeries on two days a week and undertakes investigations required or sees that instructions are carried out. She conveys instructions and requests about patients to other Health Visitors in whose area they reside. This experiment has made a good start and will be followed up.

Co-operation with Hospitals

Before the Otley Hospital was taken over, it was a local health authority's hospital and the medical superintendent was in close touch with neighbouring medical officers of health. A liaison Health Visitor had been appointed to assist in the after care of patients discharged from hospital and to pass on to the staff of the newly created public health divisions the advice and instructions of the hospital staff. This was a good arrangement which worked well and which offered the prospect of close co-operation when the hospital was taken over by the Regional Hospital Board. The first setback was the abolition of the post of medical superintendent. This deprived the Medical Officer of Health and local practitioners of anyone in authority with whom purely medical matters could be discussed. Frequent changes of resident staff at the hospital have only served to accentuate this deprivation. Fortunately it has continued to be possible to arrange for a Health Visitor to pay regular liaison visits to the hospital and she remains the main channel of information about patients resident in or leaving the hospital. The Coronation Hospital and St. Winifred's Nursing Home at Ilkley have no resident medical staff, and requests for local Health services usually emanate from the matrons or one of the local doctors.

The Hospital, Middleton, is under a medical superintendent with whom relations have always been cordial. It has been possible to arrange for a Health Visitor from each end of the division to visit the hospital alternately on Fridays. They provide the necessary liaison between the hospital staff and the local health staff in connection with after-care and contact tracing, while direct communication between the medical superintendent and Divisional Medical Officer is available if difficulties arise.

Early in 1951, the necessity for closer relations between hospitals and health services became more clearly recognised and this was emphasised by a circular from the Ministry of Health urging the formation of medical advisory committees, of which the local Medical Officer of Health should be a member. In July, 1951, the Divisional Medical Officer was co-opted as a member of the Medical Advisory Committee of the Middleton and Grassington Hospital Management Committee. It was some months later, and only after representations by the Otley U.D.C. that a similar invitation was extended by the Ilkley and Otley Hospital Management Committee. This link with professional colleagues could be a valuable aid to co-operation, but the meetings of the Ilkley and Otley Medical Advisory Committee are so rare that the value of fairly frequent personal contact is lost. There was in fact only one meeting of the committee during 1952.

District Nursing

Before the advent of the National Health Service, this division comprising the urban districts of Ilkley and Otley and the rural district of Wharfedale was served by no less than 7 District Nursing Associations. These voluntary organisations had done magnificent work by collecting funds and providing district nurses, but the services provided had become so important to the national health that it was deemed advisable for them to be co-ordinated and amalgamated into a local health service. At first, opinion favoured a separation of midwifery from home nursing, but although this may have been theoretically desirable, it is practically difficult to achieve. In only one instance was this policy adopted in this division. The two Ilkley nurses agreed to divide their duties and one became a full-time midwife and the other a full-time home nurse. In Burley, the district nurse undertook home nursing in Burley and midwifery in Burley, and also in Menston where the nurse was not qualified in midwifery. The nurse at Pool undertook both duties in the parish and also in Bramhope, Carlton, Arthington, Castley, Stainburn, Leathley, Lindley and Farnley. In Otley there were two home nurses who undertook no midwifery. They covered also the parishes of Newall-with-Clifton, Norwood, the Timbles, Blubberhouses and Fewston. A midwife was also employed who covered the same area. In order to ensure proper days and weekends off, and to provide for holiday periods, a part-time relief district nurse was employed. This new set-up settled down quite happily and few difficulties arose, largely due to the helpful attitude of the District Nursing Associations who were being robbed of their functions.

In the course of time, certain changes have occurred. There was not enough work in Menston to justify the employment of a full-time nurse. The War Memorial Cottage there is now occupied by a full-time relief nurse/midwife, and the routine work of the village is carried out by one of the Otley nurses. Work at Ilkley and Burley has remained unchanged except that the fall in home confinements has caused the Ilkley midwife to be under-employed. At Otley, various changes have taken place, and three home nurse/midwives are now employed and their area includes Menston. A plan to convert the Otley Nurses' Home into three flats, while it may cause some temporary difficulties, will eventually provide more suitable housing for the Otley nurses.

The table given below shows a very steady average of work done. The somewhat lower figures for 1952 were due to staffing difficulties in connection with Otley and Menston which needed the employment of temporary staff and help from another division for a period of several months.

TABLE XII

Year	Whole Time Home Nursing Staff		Cases Dealt with		Total Visits made	
1949	...	6	...	935	...	14,723
1950	...	6	...	1,010	...	15,579
1951	...	6	...	915	...	15,149
1952	...	6	...	868	...	13,901
1953	...	6	...	978	...	15,487

Home Helps

The local Health Authority was exploring virgin ground when it embarked on the organisation of a home help service, and there was little past experience on which to draw. This division had its full share of teething troubles and there were times when the difficulties appeared almost insuperable. Experience has proved beyond doubt that the bases on which the service must be founded are a sound clerical system and competent supervision. At first both these essentials were lacking and progress erratic, but when these difficulties had been remedied, steady progress was achieved.

In this division, only part time home helps are employed, although some of the women are prepared to do occasional spells of full-time work on confinement cases. The recruitment of suitable women is of paramount importance while close scrutiny of requests for home help is necessary. Regular visiting of recipients of home help is essential to confirm that the home help is actually doing the work, and to ensure that abuses do not arise. All these duties are carried out by a part-time home help organiser, while the office end of the work is dealt with by an experienced member of the clerical staff. At the inception of the scheme, the establishment of home helps for this division was the equivalent of 6 full-time workers. At the end of 1953, this number had risen to 13. The service is costly, but it has proved a good investment.

TABLE XIII
TYPES OF CASES DEALT WITH AND TOTAL HOURS WORKED

Year	Ill	Lying-in	Expectant Mothers	Mental Defectives	Aged	Children	Total Cases	Total Hours
1949	51	31	2	—	15	—	99	12,955
1950	41	37	2	—	56	3	139	16,830
1951	52	23	4	1	77	4	161	21,035
1952	41	20	5	—	96	3	165	21,016
1953	27	25	3	—	105	1	161	24,781

This table shows the work done by the home help service over the five year period. The striking features of these figures are a doubling of the total number of hours worked and a very great increase in help given to the aged. Many of these old people would have had to be removed to homes or hospitals if home help had not been available, and a big expense to public funds was thereby saved. Help to mothers being confined at home has not developed as at first appeared likely. This is attributable to the generous provision in the area of hospital beds for normal deliveries, and the consequent fall in home confinements. The fall in the demand for home help for cases of illness reflects the development of the hospital service and the greater ease of admission to hospital.

The home help service has come to stay in spite of its cost and the difficulties of administration. It has filled an urgent need, but too much must not be expected of it. It cannot be expected to cope with the aged person in need of constant care and attention. Such persons require institutional accommodation, but too often fail to receive it owing to the divided responsibility between the hospital service and the Welfare Department. There is a need for a home for old persons who need a fair amount of care but no real nursing, and particularly for those old people whose mental deterioration has been more rapid than the decay of physical powers. Such persons are at present a most difficult problem as they require more supervision than can be given in a welfare home and yet do not need hospital nursing. The home help service usually has to try to cope with the situation and this puts a heavy strain on its resources.

Vaccination and Immunisation

One of the services for which the local health authority became responsible was vaccination and immunisation. Before the appointed day, vaccination against smallpox was compulsory with a clause to allow for conscientious objection, and the work was done free of charge by public vaccinators appointed and paid by the Ministry of Health. Immunisation against diphtheria had always been voluntary, and was carried out at clinics and by general practitioners.

After the introduction of the National Health Service, vaccination became voluntary and could be carried out either at a child welfare clinic or by the family doctor. In the latter case, a fee was paid by the local health authority for the submission of a record of vaccinations carried out. The same principles were applied to immunisation. Free calf lymph for vaccination and free vaccine for immunisation were supplied by the Ministry of Health. In 1952, the West Riding County Council decided to introduce at its own expense free inoculation against whooping cough and agreed to pay for the record as in the case of vaccination and immunisation.

The figures of vaccinations and immunisations are given in Table XIV.

TABLE XIV

Year	VACCINATION			IMMUNISATION		
	Primary	Re- vaccination	Total	Primary	Booster	Total
1949	226	39	265	389	241	630
1950	1,199	446	1,643	398	254	652
1951	326	101	427	403	222	625
1952	326	83	409	443	600	1,043
1953	3,416	4,431	7,847	309	316	625

In this table the figures for vaccination are of little value. The large numbers vaccinated in 1950 and 1953 illustrate the reaction of a fairly enlightened area to the alarm caused by the Brighton epidemic and the outbreak much nearer home in Halifax and Todmorden. The Immunisation figures reveal a fairly satisfactory level of protection until 1953, when there is a serious drop. An investigation is now proceeding to ascertain whether this drop is real or is due to slackness in submitting records. In any case, figures for vaccination and immunisation are far from reliable. The table suggests that of the 1860 children born in the years 1949 to 1952 inclusive, 1,560 were immunised in the years 1950 to 1953 inclusive, or approximately 84%. —

The situation is however not so favourable as it appears to be because the figures for primary immunisations include a considerable number of children immunised for the first time shortly after entering school. The level of protection of children under 5 years is therefore not nearly as high as 84%. A recent investigation of the immunisation state at the end of 1953 of children born in 1952 showed only 44% protected. This last figure is probably on the low side.

Figures for inoculation against whooping cough are not given as this preventive measure is still not fully tried. Early results suggest that it is highly successful in preventing a severe attack of whooping cough. Every case of this disease notified during the past 18 months has been investigated, and no case of severe whooping cough in an inoculated child has been reported, and less than 10 cases of very mild disease. We are now waiting for a reliable vaccine which will protect against both diphtheria and whooping cough and thereby reduce the number of injections which the baby has to endure.

Tuberculosis

When this health division was formed, the tuberculosis registers of the three constituent districts were taken over and were found to be swollen by a large number of names of persons who had been evacuated to the area during the war and had afterwards left the district. During the first two years of the period under review, efforts were made to check the register and remove the names of those who had recovered, died, or left the district. In 1951, it was possible to revise the registers and to reduce the number on the roll to approximately half the figure for 1949. By the end of 1953, this number had been reduced by a further 25%.

TABLE XV
TUBERCULOSIS NOTIFICATION

New Notifications received during the year. *

Year	Pulmonary		Non-Pulmonary		Total Cases	
	Male	Female	Male	Female	Male	Female
1949	21	7	5	6	26	13
1950	22	10	6	5	28	15
1951	20	20	3	2	23	22
1952	20	16	5	3	25	19
1953	22	18	5	1	27	19

* The term " Notification " covers all admissions to the register either by formal notification or from other sources.

TABLE XVI
CASES REMAINING ON REGISTERS EACH YEAR END

Year	ILKLEY				OTLEY				WHARFEDALE				Divisional Area
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary		Total Cases on Registers
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
1949	128	76	46	40	55	35	25	18	26	16	7	12	484
1950	130	76	47	41	34	23	9	15	31	16	8	12	442
1951	53	24	11	7	38	24	10	8	27	22	8	13	245
1952	60	29	12	8	38	27	12	8	15	11	2	4	226
1953	47	31	8	5	38	28	6	4	14	7	—	1	189

During the five years, additions to the register have shown little change. This is to some extent caused by transfers from other districts due to the custom of employing ex-patients on the staff of the Middleton Hospital. They then become temporary residents and have to be transferred to the tuberculosis register of a district in this division. While pulmonary tuberculosis has shown little change, tuberculosis of presumably bovine origin has declined as it has done elsewhere in the United Kingdom owing to the great increase in the production and sale of milk which is either from a tuberculin tested herd or has been pasteurised. By close co-operation with the medical superintendent of Middleton Hospital, it has been possible to obtain a much clearer picture of the prevention, care and after-care of tuberculosis. Before leaving the subject, it is encouraging to record that the housing situation in all three districts has greatly improved, and there is good reason to hope that this improvement in housing will have its effect upon the tuberculosis figures of the next quinquennial period.

The Neglected Child

Before the National Health Service Act the Health Visitor was the child life protection officer, and it was her duty to ascertain if there were any children in her area neglected or cruelly treated, and take appropriate action. The Children Act, 1948, created the Children's Officer and thereby a new department in local government, and the Health Visitor lost her exclusive responsibility. It soon became evident that the Children's Department was unable to fill the vacuum and numerous voluntary and official bodies became increasingly interested in the problem. By 1951, it became evident that far too many people were visiting families where there was any suspicion of cruelty or neglect. During that year as the result of a joint circular from the Ministries of Health and Education and the Home Office, committees were set up in each Public Health Division in the West Riding to co-ordinate action in cases of children cruelly treated or neglected in their homes. The Divisional Medical Officer was appointed chairman and convenor of the committee. Representatives from the following official and voluntary bodies were invited to join the committee :- Health Department, Education Department, Welfare Department, Children's Department, Probation Officer, Local District Council, N.S.P.C.C.

During the two years that the committee has been in existence 25 cases have received consideration. In each case the circumstances are considered in detail and a decision is made as to appropriate action, and by whom that action is to be taken. The committee have the advantage of the intimate local knowledge of its various members and overlapping and excessive visiting of families is thereby avoided. Although this committee deals only with the neglected child, it has the added value that it brings together representatives of departments which cover a wider field and has certainly promoted closer co-operation with other branches of social welfare.

At the beginning of 1949, Wheatley Lawn Nursery was the only home in this division for children deprived of home care. It had been opened in November, 1946, for 30 children between the ages of 2 and 5 years. It now caters for children of all ages below 5 years. In April, 1949, a home for boys of school age was established at The Court, Burley-in-Wharfedale. In April, 1952, Inglewood, Bradford Road, Otley, was adapted for the use of boys and girls of school age. At the end of 1952, a home for older boys was transferred from Oakroyd Hall, Birkenshaw, to Hilltop, Ilkley. There are therefore approximately 100 deprived children resident in the area. They receive medical treatment from a general practitioner on whose list they are, but their health is under the supervision of the Divisional Medical Officer. Children below the age of 5 years are examined once a month and children of school age twice a year, and biennial reports on each of these homes are submitted for the information of the local health authority.

The School Health Service

No review of the work of the last five years would be complete if reference to the school health service was omitted. The Education Act, 1944, made it the duty of the local Education Authority to provide for school medical inspections and to see that free medical treatment was made available for any school child in need of it. The advent of the National Health Service enabled the school child to obtain free treatment from the family doctor, but that did not lessen the duty of the school health department to seek out defects and to use every effort to see that these defects were properly dealt with. Inevitably as time went on, more of this work has been undertaken by the family doctor and the hospital service. It has been fully recognised by the Ministry of Health and Education that the School Medical Officer should be furnished with copies of reports about school children who receive treatment in hospital. The desirability of keeping the School Medical Officer informed has now been agreed to by both hospitals and general practitioners, although somewhat reluctantly, and it would be an exaggeration to pretend that the submission of reports by hospitals was either invariable or even regular.

TABLE XVII
RECORD OF EXAMINATIONS CARRIED OUT AND DEFECTS FOUND

Year	Total Examinations	NUTRITIONAL STATE			DEFECTS FOUND			Special Inspections and re-inspections of Pupils having Defects
		Good %	Fair %	Poor %	Defective Vision excluding Squint	Other Defects	Total Pupils showing Defects	
1949	1,404	*	*	0.3	75	114	187	617
1950	1,502	61.7	38.1	0.2	106	187	293	632
1951	1,339	78.1	21.7	0.2	84	189	272	352
1952	1,542	88.7	11.2	0.1	113	233	338	643
1953	1,374	88.4	11.4	0.2	85	209	289	170

* Figures not available.

Table XVII records the work carried out over the five year period. It shows a high nutritional standard and a fairly steady percentage of defects. Many of these are comparatively trivial, but it is important that they should be detected and treated at an early stage. In the coming year, it is proposed to introduce an extra examination at about 8 years old. There are also proposals for the tuberculin testing of school entrants and the vaccination with B.C.G. of school leavers. These new tasks are no doubt highly desirable, but no mention has been made of extra staff to carry out the work. It is essential that these new duties should not be allowed to interfere with the paramount duty of routine medical inspection.

Health Education

During the past five years there has been a growing realisation of the importance of health education. It has become increasingly essential that the Health Visitor should be able to convey to parents and children a knowledge of the principles of healthy living. This is a subject which gets crowded out of the school curriculum. It is apparently more important that a school child should have a superficial knowledge of architecture than be grounded in the rudiments of healthy living. A small and quite inadequate start has been made in an effort to overcome the school child's abysmal ignorance of the workings of his own body. For the past two years, classes have been held regularly in the Modern Schools at Otley and Ilkley. At these classes, a Health Visitor has given instruction to older girls in elementary hygiene and mothercraft. Much more needs to be done, but the staff with the necessary training and flair for teaching is lacking. This lack has so far made it impossible to introduce systematic group teaching of parents, although much individual instruction is given. A successful Health Exhibition was held in the summer of 1951 at Ilkley, and helped to make the public realise what was being done for them by the local District Council and the local Health Authority. Occasional showings of films and film strips have been moderately successful, and is a means of propaganda which will be further developed in future.

Mental Health

When we think that over 60,000 admissions to mental hospitals occur each year and realise the enormous cost to the country in money and loss of efficiency, we cannot fail to be impressed with the importance of this aspect of public health. At present the prevention of mental ill-health is in its infancy, and there are many gaps in our knowledge of how it should be done. Much of this mental ill-health is due to the stress of modern life and the failure of the individual to adapt himself to the difficult situations thereby created. Any

large scale attack on this problem is handicapped by lack of suitable training of those who should be at the forefront of the battle ; the doctors, nurses and teachers. Only in the course of time will a new generation of these workers be possessed of the skill and training which will enable them to pass on to the public their knowledge of how human relationships may be adjusted, and of how the individual can best fit himself into his environment.

In this division, progress has been made in the ascertainment and supervision of mental defectives and it is probable that all mental defectives in the area are known and supervised where necessary. The prevention of mental defect opens up knotty problems of genetics which are at present unsolved. After-care of mental illness has not been started while prevention is a matter for the future. It may be that in a few years preventive methods may have reduced the population of our mental hospitals as they have done in the case of hospitals for infectious disease.

Conclusion

Considerations of space have necessitated rather brief treatment of some aspects of the work of the past five years. During that period the public health divisions in the West Riding County Council have become firmly established and the administration of local health authority services are now working smoothly. It is safe to prophecy that the next five years will also see great changes in the services which minister to the health of the public. There seems to be a growing realisation that the public health divisions as at present constituted are too small ; that a closer blending of hospital and local health services is desirable and that the people who are at the receiving end of those services should have more say in policy and administration. It is to be hoped that whatever reforms the future may have in store will lead to a closer link between the three parts of the service and that they will aim at conferring benefit on the individual patient as well as enhancing the general standard of public health.

WHARFEDALE RURAL DISTRICT COUNCIL

RURAL COUNCIL OFFICES,
BOROUGHGATE,
OTLEY.

June, 1954.

MR. CHAIRMAN AND MEMBERS,

I have pleasure in presenting for your consideration, my Annual Report for the year ended 31st December, 1953.

The data which follows gives a brief review of the work in my department, and the sanitary conditions prevailing in the district during the year.

The control of private building was greatly relaxed, and although a licence was still required for the erection of a new house, there was no limitation as to the number of licences issued.

Towards the end of the year legislation was introduced withdrawing the limitation of selling price and rental of houses built by private enterprise, and notification was also received that, as from the 1st January, 1954, the permitted floor area would be increased from 1,500 to 2,500 square feet.

During the year 31 licences were issued for the erection of houses by private enterprise, and 25 dwellings were completed.

In addition to the foregoing the council carried out the erection of 6 houses at Arthington, together with 6 bungalows for aged persons—2 at Askwith and 4 at Clifton.

For the reconditioning and improvement of existing dwellings, 6 civil building licences were issued.

During the year under review, 263 housing and public health nuisances were remedied. There were not any outstanding from 1952, nor were there any still requiring attention at the close of 1953.

FACTORIES ACTS, 1937 and 1948

All factories in the district have been visited, and in three instances it has been necessary to take action with reference to the sanitary arrangements.

As a result, separate conveniences for the sexes have been installed at a factory, and w.c's have been provided at two workshops.

Two smoke observations of a mill chimney in the district have been taken, both of which were good.

(PART I OF THE ACT)

1.—INSPECTIONS for purposes of provisions as to health (including inspections made by Sanitary Inspectors.)

Premises (1)	M/c. Line No. (2)	Number on Register (3)	Number of			M/c. Line No. (7)
			Inspection. (4)	Written Notices (5)	Occupiers prosecuted. (6)	
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities ...	1	Nil	Nil	Nil	Nil	1
(ii) Factories not included in (1) in which Section 7 is enforced by the Local Authority ...	2	17	22	3	„	2
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers premises) ...	3	6	12	Nil	„	3
Total ...		23	34	3	„	

2. Cases in which DEFECTS were found.

Particulars (1)	M/c Line No. (2)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted (7)	M/c Line No. (8)
		Found (3)	Remedied (4)	Referred			
				to H.M. In- spector (5)	By H.M. In- spector (6)		
Want of cleanliness (S.1) ...	4	Nil	Nil	Nil	Nil	Nil	4
Overcrowding (S.2) ...	5	„	„	„	„	„	5
Unreasonable temperature (S.3)	6	„	„	„	„	„	6
Inadequate venilation (S.4)	7	„	„	„	„	„	7
Ineffective drainage of floors (S.6)	8	„	„	„	„	„	8
Sanitary Conveniences (S.7)							
(a) Insufficient	9	2	2	„	„	„	9
(b) Unsuitable or defective	10	Nil	Nil	„	„	„	10
(c) Not separate for sexes	11	1	1	„	„	„	11
Other offences against the Act (not including offences relating to Outwork) ...	12	Nil	Nil	„	„	„	12
Total ...	60	3	3	„	„	„	60

MEAT AND OTHER FOODS

The number of licensed slaughterhouses is the same as last year, viz : 5, and they are situate as follows :-

Bramhope ...	...	...	1
Pool ...	...	...	1
Langbar ...	...	...	1
Norwood ...	...	...	1
Blubberhouses ...	...	...	1

Slaughtering continued to be carried out under Government supervision at the Otley Abattoir, but intimation was given that during 1954 new legislation would be introduced in connection with slaughterhouses.

The premises in this area were used solely for the slaughter of pigs for home consumption, and humane killers were operated for this purpose.

The following table shows the number of carcasses slaughtered and inspected during the year. It was not necessary for any meat to be condemned.

	Cattle ex- cluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed (if known) ...	—	—	—	—	13
Number inspected ...	—	—	—	—	13
All diseases except Tuberculosis :					
Whole carcasses condemned ...	—	—	—	—	—
Carcasses of which some part or organ was condemned ...	—	—	—	—	—
Percentage of the number inspected affected with disease other than Tuberculosis ...	—	—	—	—	—
Tuberculosis only.					
Whole carcasses condemned ...	—	—	—	—	—
Carcasses of which some part or organ was condemned ...	—	—	—	—	—
Percentage of the number inspected affected with Tuberculosis ...	—	—	—	—	—

During 1953, food was inspected and dealt with as follows :-

Type of Food	Quantity	Action Taken
Bottled Fruit ...	1—24 ozs. jar	Decomposed and destroyed.
„ „ ...	1—13 ozs. jar	„
Canned Fish ...	1—6½ ozs. tin	„
Evaporated milk ...	4—16 ozs. tins	„
Dried Prunes ...	24 lbs.	Mouldy and destroyed.
Dried figs ...	16 lbs.	„

The number of premises registered under Part 1 of Section 14 (2) of the Food and Drugs Act, 1938, for the sale of Ice Cream is 14, being 1 less than in 1952.

The premises have been regularly inspected and in 6 instances samples of Ice Cream were submitted for bacteriological examination, all of which were shown to be satisfactory.

The two fried fish shops, situate at Bramhope and Pool, have been periodically inspected and conditions have been quite satisfactory.

WATER SUPPLIES AND SEWERAGE

Arthington

The old portion of the village has a private supply of water and three small disposal plants serving (1) Arthington Hall Convalescent Home, (2) the School and 3 cottages and (3) Warren Farm and cottages, but sewage from several other properties receives no treatment at all.

The private sewage disposal plant in Warren Lane, to which reference was made in my Report for 1952, has been enlarged and overhauled and the new Council houses have since been connected thereto.

The Creskeld Lane area above Coates Wood receives water from the mains of the Leeds Corporation and sewage is treated at the Pool Works.

Askwith

In 1940 the Council laid sewers and constructed a small disposal plant for the treatment of sewage, and these works have functioned satisfactorily throughout the year.

Water is obtained from the mains of the Otley Council by (1) a system of pumping to the properties on a higher level than the main and (2) gravitation to the Village proper. Apart from temporary shortages caused by occasional defects in the pump, the supply has been satisfactory.

Bramhope

There are 3 systems of sewage in this area, (1) the Camp Plantation Works into which sewage from property in the Bramhope Moor area discharges, (2) the outfall sewer of the Leeds Corporation at Golden Acre, which takes sewage from property situate to the South of Breary Lane and (3) the Pool Works into which the sewers serving property to the North of Breary Lane discharge.

There is also a small private plant serving Bramhope Manor and, by arrangement with the Owners, this is periodically cleansed by the Council's workmen.

In order to ensure that the heavily taxed Camp Plantation Works function satisfactorily, it is necessary for weekly supervision and cleansing by the Council's workmen.

Blubberhouses, Fewston, Norwood

There is not any main system of sewerage in these Townships and the properties, which are mainly scattered farmsteads, have their own cesspools and septic tanks etc., for the treatment of sewage.

During the year arrangements were made for the installation of a small disposal plant for the treatment of sewage from 4 proposed Council houses together with 4 existing Council houses and 6 privately owned cottages, and it is anticipated that the plant will be put into operation in 1954.

The work in connection with the provision of a water supply scheme, to which reference has been made in previous reports, was commenced in July, and at the close of 1953, 3,921 yards of main had been laid and tested.

Existing supplies are both inadequate and impure, and completion of this scheme will meet a long standing need.

Carlton

The small sewage works which serve this Township are heavily overtaxed but, with weekly attention, function fairly satisfactorily.

The treatment of sewage from other properties is by means of small disposal plants and cesspools.

A pure and adequate supply of water is obtained from the main of the Yeadon Water Company, and during the year this was extended to serve an additional farm.

Castley

There is not a system of sewerage in this township, and treatment is by means of cesspools, soakaways, etc.

A pure and adequate supply of water is obtained from the mains of the Leeds Corporation.

Farnley

A private water supply and sewerage system serve the Village, and outlying properties rely on spring water and the treatment of sewage in cesspools, septic tanks, soakaways, etc.

It is regretted that the Engineers have not yet submitted their scheme for the sewerage of this Township, but it is hoped that consideration of the matter will receive attention during 1954.

Leathley

The mains of the Leeds Corporation pass through the Village, and most of the properties receive water from this source, the remainder having spring supplies.

A private sewage disposal plant serves the greater part of the Village, and drains from the outlying dwellings are treated by means of septic tanks, cesspools, etc.

Lindley

There are only 14 dwellings in this Township, all of which receive spring supplies of water, and drain into septic tanks or soakaways.

Middleton

Water is supplied to the Village by means of a 4 inch main of the Ilkley Council, served from the Marsh Ghyll Reservoir. From this source the Sanatorium and dwellings attached thereto are also supplied, but by means of a separate main. Spring water serves the outlying properties.

The Village drainage discharges into the sewer of the Ilkley Council, and in other instances adequate provision is made by the use of cesspools and septic tanks.

Nesfield-with-Langbar

Water to Nessfield Village is supplied by means of a 1 inch pipe taken from the Ilkley main near the entrance to Nesfield Court, and the treatment of sewage is by means of a small disposal plant, 4 septic tanks and soakaways, and arrangements have been reasonably adequate and satisfactory.

Property in the isolated township of Langbar is dependent on springs for water, and sewage treatment is by means of a small disposal plant, septic tanks, cesspools and soakaways.

Newall-with-Clifton

The Council has its own water undertaking and, with the exception of isolated properties which receive spring supplies, the whole of the township is served from this source.

The extension of the sewer from the Spite Inn to the Village was completed during the year, and all the properties capable of drainage have been connected thereto.

The few remaining premises are served by cesspools.

Owing to the water being acid in reaction, the work of relaying existing lead service pipes was commenced but was not completed at the close of 1953.

Pool

Apart from a few houses in Pool Bank and the properties in close proximity to the Paper Mill, the whole of this township is sewered, and treatment is carried out at the Council's disposal works situate just within the Parish of Arthington.

The work in connection with the installation of two private disposal plants to deal with sewage and trade effluent from the Paper Mills continued throughout the year and was completed in December.

There are three sources of water supply, (1) the main of the Leeds Corporation which serves the major portion of the properties, (2) Whitaker's Private Supply to a few houses in the Pool Bank area, and (3) the Pool-in-Wharfedale Waterworks Company's supply from a spring situate near Pool Station, and all sources have been adequate and pure.

Timble Great

The Council has its own water undertaking which serves the Village but, as previously reported, it is necessary for the supply to be augmented from springs on Snowden Moor before a service can be provided to outlying properties.

The supply of water at the source is pure, but pollution takes place in the pipe line between this point and the storage tank, and on one or two occasions adverse analytical reports have been received.

A scheme has been prepared for (1) the relaying of the existing pipe line together with (2) the extension of the area of supply and this has been approved by the Council, but at the close of the year only permission to proceed with the first part of the scheme had been received from the Ministry and negotiations were still proceeding for sanction to the whole scheme.

Unfortunately there is not a sewage disposal plant serving the village, and present arrangements for dealing with foul water leave much to be desired.

Timble Little

There are only 3 houses in this small township—one receives water from the Council's Timble Great water main, and the other two dwellings rely on spring water.

Sewage is treated by means of cesspools and soakaways.

Weston

Apart from 4 cottages which receive water from the main of the Otley Council, water is obtained from private sources and treatment of sewage is by means of small privately owned disposal plants, cesspools and soakaways.

General—Water

It has again been my constant endeavour to ensure that a pure and adequate supply of water is available throughout the district, and supervision of all sources has been carried out. Frequent sampling, both for bacteriological and chemical examination, has also been undertaken.

During the year under review, 36 samples have been submitted for bacteriological examination, 35 of which were satisfactory and 1 not satisfactory.

In addition, 4 samples were submitted for chemical analysis, all of which were good.

General—Sewers

As in previous Reports, I must again stress the need for sewers and sewage disposal plants to serve Timble and Arthington, and for the extension of the Council's sewer in Moor Lane, Askwith, in order that 7 additional properties can be adequately drained.

It is also necessary for the sewer at High Ridge, Breary Lane East to be extended, as this would be the means of abolishing 2 unsatisfactory septic tanks at present serving modern properties in this particular area.

During the year 16 privies were converted to the water carriage system, and it is anticipated that further conversions will be carried out during 1954.

Privies and pails serving	private houses capable of conversion	...	7
" " " "	Farm houses " "	...	7
" " " "	private houses not capable of conversion	...	204
" " " "	farm houses " "	...	264

The Council decided to continue cleansing cesspools within the area for a further period of 12 months, and the cesspool emptier of an adjoining authority was engaged to carry out this work.

WATER MAIN EXTENSIONS

Bramhope	...	...	...	...	179 yards 3" main.
Blubberhouses, Norwood	...				} Scheme commenced but not completed.
Fewston	...	...	...	...

SEWER EXTENSIONS

Clifton	...	...	...	...	570 yards 6" pipes.
Bramhope	...	...	...	...	133 yards 9" pipes.

NUMBER OF HOUSES AND POPULATION SUPPLIED FROM PUBLIC AND OTHER WATER MAINS

Parish				Supplied direct to house.		By Standpipes.	
				Houses	Population	Houses	Population
Arthington	...	...		144	480	—	—
Askwith	...	...		60	200	—	—
Blubberhouses	...	...		—	—	—	—
Bramhope	...	...		613	2,044	—	—
Carlton	...	...		28	93	—	—
Castley	...	...		17	57	—	—
Denton	...	...		37	124	—	—
Farnley	...	...		40	133	—	—
Fewston	...	...		2	8	—	—
Leathley	...	...		63	210	—	—
Lindley	...	...		—	—	—	—
Middleton	...	...		24	80	—	—
Nesfield-with-Langbar	...			39	130	—	—
Newall-with-Clifton	...			64	214	—	—
Norwood	...	...		49	163	—	—
Pool	...	...		430	1,433	—	—
Stainburn	...	...		8	26	—	—
Timble Great	...			21	70	—	—
Timble Little	...	...		1	6	—	—
Weston	...	...		4	13	—	—
Total	...	...		1,644	5,484	—	—

MILK SUPPLIES

As previously stated, the Ministry of Agriculture and Fisheries is now responsible for the inspection, etc., of cowsheds and dairies situate on farms, but the supervision of the distribution of milk is carried out by local authorities.

During the year 3 samples of milk were taken and submitted for bacteriological examination, and in all instances the milk was found to be satisfactory.

The Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949.

Dealers' Licences	...	...	...	...	4
Supplementary Licences	...	...	...	...	8

The Milk (Special Designation) (Raw Milk) Regulations, 1949.

Dealers' Licences	...	...	...	...	9
Supplementary Licences	...	...	...	...	3

PETROLEUM (CONSOLIDATED) ACT, 1928

The number of petroleum Licences granted is the same as last year, viz. 25, and the quantity stored, i.e. 52,700 gallons, is also unchanged.

The storage of Carbide of Calcium in the Bramhope Tunnel has been discontinued, and the licence has not, therefore, been renewed.

CAMPING SITES AND MOVEABLE DWELLINGS

None-Go-Byes, Carlton

This site was provisionally licensed for a maximum of 40 moveable dwellings, conditional upon the fixing of a water stand pipe to serve the camp.

Owing to the non-provision of the required water supply, and to the fact that application for the renewal of the Planning permission was not received, the matter was reviewed by the Council in December, when the Owner intimated that it was her wish to discontinue the use of the site for camping purposes.

It was therefore decided that assistance be given the site owner to clear the land of buildings and that, if considered necessary, an enforcement notice be served.

Yew Tree Farm, Clifton

This is a licensed camping site upon which 20 moveable dwellings may be stationed. It is well conducted and no nuisances have arisen.

The Council undertake the removal of household refuse from both these sites.

Apart from individual exceptional cases and also where caravans are required for use by agricultural workers, licences to station single caravans have been refused on the grounds that they would be a serious injury to the amenities of the area which, in the main, is of high landscape value.

INFECTIOUS DISEASES

The investigation and control of notifiable diseases and the disinfection of premises where necessary, continue to receive prompt and individual attention.

There was not any serious outbreak during the year under review, but in the first two months Whooping Cough was rather prevalent, and in June there was a slight epidemic of Measles.

REFUSE COLLECTION AND SALVAGE

During the year the collection and disposal of refuse was carried out by using 2 lorries with 3 workmen to each vehicle.

Every effort was made to maintain a fortnightly service, but in some instances unavoidable delays were encountered owing to sickness and the fact that each workman has 2 weeks' holiday.

An incinerator was installed at the Council's expense to serve Middleton Sanatorium, and this has undoubtedly been a means of saving both time and money by obviating weekly visits.

As in previous years, all refuse was disposed of by semi-controlled tipping which rather encourages rat infestation, but every precaution was taken to minimise this nuisance.

Owing to the lack of tipping facilities in the isolated parishes, a great deal of time is lost and expense incurred by travelling long distances to dispose of refuse.

I set out below comparative figures showing the distance travelled and the number of conveniences emptied during the years 1952 and 1953 :—

Conveniences emptied.				1952			1953			
				Yearly Total	...	Weekly Average	...	Yearly Total	...	Weekly Average
Dustbins	...	...	...	42,466	...	816	...	46,773	...	899
Ashpits	...	...	...	2,297	...	44	...	3,199	...	61
Privies, pails, etc.	...	...	...	2,210	...	43	...	3,005	...	58
				46,973	...	903	...	52,977	...	1,018

Distance travelled : 8,970 miles ... 10,795 miles.

The collection and sale of salvage was continued throughout the year, but whilst the amount of material collected showed an increase over the figure for 1952, a fall in prices reduced the income from this source.

As a comparison, I set out below figures showing the weights collected and remuneration received during the years 1952 and 1953 :—

		1952							1953						
		Weight			Value				Weight			Value.			
		Tons cwt. qrs.			£	s.	d.	Tons cwt. qrs.			£	s.	d.		
Paper ...	...	54	18	0	509	18	5	61	10	1	349	6	6	
Textiles	...	3	10	0	64	0	2	3	11	1	64	6	0		
Metals	...	6	4	1	74	16	10	6	14	2	56	0	7		
Totals		...	64	12	1	£648	15	5	71	16	0	£469	13	1	

NUISANCES ABATED

W.C.'s provided in lieu of privy middens	...	...	...	...	16
Privies abolished	...	...	...	...	16
W.C.'s provided to new property	...	...	...	...	49
Additional W.C.'s provided to existing property	...	...	...	...	7
W.C.'s repaired, renewed, etc.	...	...	...	...	1
Pail closets repaired or renewed	...	...	...	...	1
Obstructions removed from sewers	...	...	...	...	8
Defective drains repaired or relaid	...	...	...	...	27
Obstructions removed from drains	...	...	...	...	4
Drains connected to sewer which previously discharged into land drain	...	...	...	...	1
Nuisances caused by overflowing septic tanks and cesspools	...	...	...	...	11
Defective cesspools repaired	...	...	...	...	3
Septic tanks constructed to treat sewage effluent	...	...	...	...	2
Defective manhole rebuilt	...	...	...	...	1
Defective manhole covers repaired or renewed	...	...	...	...	1
Nuisances caused by pollution of streams with sewage	...	...	...	...	4
Nuisances caused by discharge of sewage on to land	...	...	...	...	2
Refuse tip nuisances	...	...	...	...	4
Nuisances caused by rat infestations	...	...	...	...	10
Nuisances caused by accumulations of rubbish	...	...	...	...	2
Nuisances from dirty and insanitary pig-styes	...	...	...	...	2
Premises provided with fresh supply of water as a result of previous supply being inadequate or polluted	...	...	...	...	2
Water pipes repaired or renewed	...	...	...	...	6
New dustbins provided in lieu of defective or inadequate accommodation	...	...	...	...	15
House window frames repaired or renewed	...	...	...	...	8
House and bedroom ceilings replastered or repaired	...	...	...	...	3
House and bedroom floors repaired or relaid	...	...	...	...	16
House roofs repaired or renewed	...	...	...	...	7
External house walls repointed or repaired	...	...	...	...	5
Internal house walls replastered or repaired	...	...	...	...	16
House doors repaired or renewed	...	...	...	...	3

House door frames repaired	...	...	...	...	...	...	...	2
Old property provided with baths, hot water systems, etc.	...	...	...	...	...	...	...	8
Defective sinks repaired or renewed	...	...	...	...	...	...	...	4
Sink waste pipes repaired or renewed	...	...	...	...	...	...	...	2
Washbasins repaired or renewed	...	...	...	...	...	...	...	5
Defective fireranges repaired or renewed	...	...	...	...	...	...	...	12
Defective cooking ranges repaired or renewed	...	...	...	...	...	...	...	2
Fallpipes repaired or renewed	...	...	...	...	...	...	...	7
Eaves spouting repaired or renewed	...	...	...	...	...	...	...	6
Chimney breasts, stacks, flues, etc., repaired	...	...	...	...	...	...	...	2
House paths and drives repaired or renewed	...	...	...	...	...	...	...	2
Nuisances caused by dirty and verminous houses	...	...	...	...	...	...	...	4
Unfit houses demolished	...	...	...	...	...	...	...	1
Nuisances caused by flooding of cellars	...	...	...	...	...	...	...	2

NOTICES SERVED

Public Health Act, 1936—

Informal Notices	...	...	...	...	...	...	...	15
Letters, etc.	...	...	...	...	...	...	...	41

Housing Acts

Section II	1
Informal Notices	2
Letters, etc.	12

Food and Drugs Act

Letters, etc.	5
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INSPECTIONS AND VISITS OF ENQUIRY

Farms	61
Public Health	251
Housing	79
Drains...	212
Sewers	...	...	...	...	...	...	...	...	127
Sewageworks	...	...	...	...	...	...	...	...	145
Schools	...	...	...	...	...	...	...	...	12
Slaughterhouses	...	...	...	...	...	...	...	...	15
Factories	...	...	...	...	...	...	...	...	34
Food and Drugs	...	...	...	...	...	...	...	...	43
Infectious Diseases	...	...	...	...	...	...	...	...	41
Water Supplies	...	...	...	...	...	...	...	...	197
Shops (including Ice Cream Vendors)	...	...	...	...	...	...	...	...	72

General Observations

Whilst public health work does not really produce fantastic results, the fact that disease is kept to a minimum denotes that the local authority and its officers are constantly vigilant.

The work of laying water mains in connection with the Blubberhouses, Norwood, Fewston Scheme commenced in July, and good progress was maintained throughout the year.

The extension of this scheme to take in Fewston School and other properties was submitted for the consideration of the Ministry, but at the close of the year approval was still awaited.

Owing to the serious periodical pollution of the Timble Water Supply, the Council pressed the Ministry for permission to renew part of the existing pipe line and also to augment the supply from springs on Askwith Moor.

An Enquiry was held, but permission was only granted for the renewal of the existing pipeline.

Whilst the Council accepted this, it was decided to seek approval for the entire scheme, which is most essential to meet the agricultural needs of this particular area.

When these two schemes are completed, it can safely be said that the greater part of the area is served with a piped supply of water.

The sewerage of certain parishes in the area is very desirable but it would appear, from past experience, that a long time will elapse before modern sanitation is provided.

Several cottages have been reconditioned, and the conversion of privies to the water carriage system also received attention.

Only in a very few instances have statutory notices been served, and it has not been necessary to take legal action on any occasion.

I should like to express my appreciation to the Chairman and Members of the Council for their consideration throughout the year, and to extend my thanks to our Medical Officer of Health (Dr. Procter), our Clerk (Mr. Newstead), and Members of the Staff for their continued support and help.

I am,

Your obedient Servant

F. OWEN, Cert. S.I.B., M.S.I.A.

